

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

F - FINAL  
DISCHARGE TO PAT HUGHES CREEK

PERMITTEE NAME/ADDRESS (Include  
Facility Name/Location if different)

NAME **CYPRUS THOMPSON CREEK MINING CO**

ADDRESS **P.O. BOX 62**

**CLAYTON**

**ID 83227**

**ID0025402**

PERMIT NUMBER

**002 A**

DISCHARGE NUMBER

MONITORING PERIOD

YEAR **88** MO **08** DAY **01** TO YEAR **88** MO **08** DAY **31**  
(20-21) (22-23) (24-25) (26-27) (28-29) (30-31)

MAJOR (SUBR 03) **OCT 27 1988**  
NOTE: Read instructions before completing this form.

FACILITY

LOCATION **P.H. Fitch Vice President and General Manager**

ATTN: ~~CHRIS JAMES~~ **\*\*VICE PRES GEN MGR\*\***

PARAMETER (32-37)		(3 Card Only) QUANTITY OR LOADING (46-53)			(4 Card Only) QUALITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
FLOW, IN CONDUIT OR THRU TREATMENT PLANT 50050 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	0.0006	0.0009		*****	*****	*****		0	Daily	
	PERMIT REQUIREMENT	REPORT 30DA AVG	REPORT DAILY MX	MGD	*****	*****	*****	****		DAILY	
MERCURY, TOTAL (AS HG) 71900 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****		*****	*****	(0.0005)		0	once/mo. Grab	
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	0.0002 DAILY MX	MG/L		ONCE/ GRAB MONTH	
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										

RECEIVED  
NOV 3 1988  
IDAHO OPERATIONS OFFICE

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

**P. H. Fitch**  
**General Manager/Vice President**

TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED  
AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED  
ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR  
OBTAINING THE INFORMATION I BELIEVE THE SUBMITTED INFORMATION  
IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIG-  
NIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION INCLUDING  
THE POSSIBILITY OF FINE AND IMPRISONMENT SEE 18 USC § 1001 AND  
33 USC § 1319. (Penalties under these statutes may include fines up to \$10,000  
and/or maximum imprisonment of between 6 months and 5 years.)

SIGNATURE OF PRINCIPAL EXECUTIVE

OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

208  
AREA  
CODE

838-2200  
NUMBER

88 10 11  
YEAR MO DAY